

Pharmacy Pre-authorization Form: Proton Pump Inhibitors

Note: USE THIS FORM ONLY when seeking pre-authorization for coverage of prescriptions for PROTON PUMP INHIBITORS (PPIs). Prilosec OTC, Prevacid OTC, Zegerid OTC, generic pantoprazole, generic lansoprazole and generic omeprazole are the preferred PPI choices for ConnectiCare members and do not require pre-authorization, though a PRESCRIPTION IS REQUIRED FOR COVERAGE.

Date: _____ Physician Name: _____
 Member Name: _____ Physician Specialty: _____
 Member ID Number: _____ Physician Address: _____
 Member Age: _____ Physician Telephone: _____
 Physician Fax/E-mail: _____

Tier 3 Medication requested (check one):

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Aciphex | <input type="checkbox"/> Dexilant (Preferred) | <input type="checkbox"/> Nexium |
| <input type="checkbox"/> Prevacid Rx | <input type="checkbox"/> Brand name Prilosec | <input type="checkbox"/> Brand name Protonix |
| <input type="checkbox"/> Zegerid Rx | | |

ICD9/ICD10 code(s): _____

****ICD9/ICD10 codes are REQUIRED to process all requests.****

CHART NOTES are REQUIRED if you check "Yes" in any of the boxes below and no claims history is found.

<p>1. For Dexilant: Has the patient failed an adequate trial of a generic or over-the-counter agent (i.e., Prilosec, omeprazole, Zegerid, pantoprazole, lansoprazole or Prevacid)?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. For Nexium, Aciphex, Brand name Protonix, Brand name Prilosec, Zegerid, or Brand name Prevacid (rx versions): Has the patient failed adequate trials of <u>ALL</u> of the following? a) Prilosec OTC, Zegerid OTC or Omeprazole, <u>and</u> b) Prevacid OTC, <u>and</u> c) Protonix/Pantoprazole, <u>and</u> d) Dexilant</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For ConnectiCare Use Only

Date reviewed: _____
 Approved/denied (circle one) by: _____ Approval expiration date: _____
 Comments: _____

**ConnectiCare Pharmacy Services: FAX — 1-800-249-1367, or e-mail — pharmacy@connecticare.com
 To speak to a Medical Director or Pharmacist regarding a pre-authorization decision, call 1-800-828-3407.**

*This is confidential information. If you receive this form in error, please notify Provider Services immediately at 1-800-828-3407.
 The information in this document does not apply to ConnectiCare VIP Medicare plan members.*